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	1PLACE OF DEATH	STATE OF MARYLAND			
	County Lesselle	CERTIFICATE OF DEATH			
	man	Registration Dist. No.			
Vil	llage or City My Velona (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and			
	2FULL NAME On Marine 2	stead of street and number.)			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
11	Male of life (Write the word)	16 DATE OF DEATH 22, 193 (Month) (Day) (Year)			
6 1	DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192/. to			
7	If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at \$-20 P_m. The CAUSE OF DEATH * was as follows:			
F	(a) Trade profession or particular kind of work  (b) General nature of industry	(Hus) mamman			
0;	which employed or (employer)	Contributory Secondary			
	(State or country) Clean Cn.	(Duration)			
	FATHER James Backy	(Signed) Ni. D			
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
ARI	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)			
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs de. de. State yrs de. de. de.			
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
	(Informant) Blankord & Baily	Former or usual residence			
	(Address) Mi Ornotrona	William Meny Comby 1-24, 1931			
15	Filed 73 1920 Registrar	20 UNDERTAKER Chin. M. Poly Belalton			
	If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

00497

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, to report specifically the occupations of persons en-For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebro"; spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Transition," "Heart failure," "Gld Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is lcss definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railray train-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Charles	00434 CERTIFICATE OF DEATH
County	Registration Dist. No. 104
Village or City (No	St; Ward) (If death occurred in
2 FULL NAME Involvice,	Backey a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 1 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	hor 5 - 1920 to from 12 192/
(Month) (Day), 1840	that I last saw h Atalive on flat
7 AGE (Month) (Day) (Year)	and that death occurred on the state atated above, at
I dayhra.	The CAUSE OF DEATH & was as follows:
B OCCUPATION A mosds. ormin. ?	Section
(a) Trade, profession or Junual House winks	The state of the s
(b) General nature of industry	0
business, or establishment in which employed or (employer)	(Duration) yrs mos de.
• BIRTHPLACE (State or country)	Secondary (Duration) 4.7. 3. yre. mos. da
10 NAME OF P	(Signed) J & Fraden M.D.
fromurd Eddin	1 - 1. 1 ndmid
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME OF MOTHER Lines Wather	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrsmosda. State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) 31) (self	Former or usual residence.
(Address)	10 PLACE OF BURIAL OR REMOVAL.   SATE OF BURIAL
Filed [ - 14 198   V. R. Styden	20 UNDERTAKER ADDRESS
Registrar  If more blanks are needed, address State Revistrar	18 W Saratore St. Rolto Requestor V S. No. 1

Sand Sand

A. C. S.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing neath, whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known cupation is very important, so that the relative health-Statement of Occupation-Preeise statement of oc-For many occupations a single word or term on or At Home, For persons who have no occupation and children, not gainfully em--Coal mine, etc. Wom-The material The ques-

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is. "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,")

> Tinges 5 ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicinal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal scaticaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia stated unless important. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; vulsions," symptomatie), "Atrophy," "Collapse," "Coma," "Conunqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be peritonacum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measics (disease (second-

If this certificate is looked over thoroughly and all questions passwered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

.: : .@! .!w/a

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in piglin terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN NLY,

WRITE PL V. S. No. 1

	PLACE OF DEATH	00425 STATE OF MARYLAND
	County	CERTIFICATE OF DEATH
		Registration Dist. No. 169
	Village or City Green City Co. C.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH   2
	(Month) (Day) (Year)	that I last saw h datesh Com
7	Obout 100 yrs. mos. ds. or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
1	(a) Trade, profession or particular kind of work  (b) General nature of industry	Creform to Cald
1	business, or establishment in which employed or (employer) (Of W W W State or country)	Contributory Ace iefertal Zago
	10 NAME OF FATHER CULTURON  11 BIRTHPLACE	(Signed) + PCleoppelin M. D.
	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Ceuteron	18 UCNGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
1	OF MOTHER (State or Country) Luctus	At plate of death yra mos ds. State yra mos ds.
	(Informant)	Former or usual residence.  19 PLACE—OC BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Herefores and	Old Full, Cl //6 , 1934
	Filed //6/3/1920 The filed Registrar	Deut de lade feegbook cut
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/

### CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm Laborer, Laborer—out mine, ever the en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATE Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia. 6) Grocery; Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospingal Str tement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomtelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Chronic etc. The contributory valvular heart disease Nomenclature

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all qu stions

PLACE OF DEATH STATE OF MARYLAND SICIAN statement CERTIFICATE OF DEATH County Registration Dist. No. If death occurred to Exact St.; ..... Ward) a hespital or institution. give its NAME Instead May Eleanor of street and number. classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH should be stated be properly class certificate. COLOR OR HACE SINGLE 16 DATE OF DEATH MARRIED, Married PERMANEN OR DIVORCED (Month (Day (Year) deceased from B DATE OF BIRTH 1930 885 , 193/ (Year) (Month) (Day) 7 AGE If LESS than 4:45p.m. may 0 and that death occurred on the date stated above, at back 1 day. hrs O The CAUSE OF DEATH \* was as follows: 4 42 UR min. ? mos. supplied. OCCUPATION (8) Trade, profession or 000 particular kind of work (b) General nature of Industry terms. instructi business, or establishment in f.ins which employed (at employer) 9 BIRTHPLACE Contributory (State or country) horles to See 10 NAME OF FATHER D E Signed) 11 BIRTHPLACE ENT OF FATHER E Q State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT State or country) th lut USES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. 50 Œ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL tı. OF MOTHER S C 18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS, TRANSIENTS Ew 13 B PTHOLAGE At place in the (3) OF MOTHER 5 of death State. YES. mos. YES d Where was disease contracted, UZ TIO If not at place of death? Ed-mer 0: usual rusidence Should OCCUF DATE OF BURIAL 20 REGISTRAR 's mare blanks are needed, address State Begistrar, 16 W. Saratoga St., Balto., Requesting V. S.

Approved by U. S. Census and American Public Health Association.

state occupation at beginning of illness. engaged in domestic service for wages, as Serrant, Cook, employed, as At school or "Foreman" "Manager" "I'elr write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day labor. Farro lebura, Leborer mobile factory. only when needed As example. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc Statement of Occupation-Precise statement of occupathe second statement (a) Salesman. (b) trocery, an Fireman. Compositor, Architect, Locomotore ser, Stationary fireman, etc. But For persons who have no occupation whatever The material war of on may form part Women at home who are engaged in At home Care should be Your return in Spinner, (b) Cotton But in many cases, rugineer, Caril If retired from the still of "laborer" (b) Auto-

Statement of Cause of Death—Name, first, the DISDASSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphadelever (the only definite synonym is "Epidemic eerebro-Lispanal meningitis"); Diphtheria (avoid use of "Croup"); Typhoad fever (never report "Typhoid pneumonia"); Lobar pneumona Bronchopneumonia ("Pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tdenus) may be stated head-homicide, Poisoned by Struck by railway train-accident, Revolver to determine definitely. Examples Accidental drawning suicidal, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent dearns "PUERPERAL perilonilis," etc., when a definite disease can be ascertained as the mus, "Antemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia. chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. mephralis, etc. cough; Chronic nabular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... birth eause. Always qualify all diseases resulting from child-"Heart failure," "H. emorrhage," Example: Measles (disease eausing death), 29 ds.; Bronor miscarriage as "Old Age," "Shock." The nature of the injury, as fracture of skull, "Coma." "Senile," The conurbutory (secondary or intercur-"Convulsions," "Debility" etc.), "Propsy." etc. "PUERPERAL sephch-rmia." "Tramia." carbolic and probably State cause for which "lnamition," "Maras-Never report mere "Atrophy," (Recommendations "Exhaustion. "Weakliers ACCIDENTAL, mound. ("Con-

if this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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wore blanks are needed, address State Registrar, 16 W. Saratoga St., Bako., Requestive V. S No. 1.

Registrar

usual residence...

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewije, House laborer, Farm laborer, Laborer-Never return "Laborer," "Foremun," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of falness of various pursuits can be known. The ques cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmor (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At Rome. Cure should be taken household only (not paid Housekeepers who receive a en at home. worked on may form part of the second statement. Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired (i yrs.). For persons who have no occupation (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc erc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day who are engaged in the duties of the -Coal mine, etc. Wom-The material

Ease causes of Death—Name, first, the disease causes death (the primary affection with respect to time and causation), using always the same accepted term for the lame disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia")

causing death), 29 ds.; Bronchopneumonia inges, peritonaeum, etc., Carcinoma, Surcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid quences (e.g., sepsis, tetanus) muy be stated under the can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma." conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); Measles; inqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." (Recommendations on statethre of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For State cause for which surgical operation was under-"Puenperal septicuemia." Puerperal peritonitis." diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor-Chronic interstitud nephritis, etc. The contributory ment of cause of death approved by Committee on vulsions," (secondary or intercurrent) affection need Whooping cough; Chronic valvular Nomenclature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS STATE MEANS OF INJURY Example: Meastes (disease heart discuse; (merely (secondnot be "Con-

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	NT ECORD	ppiled ACE should be stated EXACTLY, PHYSI-
th.	O L	e stated E
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ED I	-THIS	ppijed

PLACE OF DEATH	() () 435 STATE OF MARYLAND
County Church	184 CERTIFICATE OF DEATH
Village or City Village Or City Kningle	Registration Dist. No.  St.: Ward) (if death occurred is a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	that I last saw h alive on 192
7 AGE   If LESS the	
4 4 yrs. 8 mos. 10 ds. or min	
8 OCCUPATION (a) Trade, profession or // Articular kind of work // Art	D'Sunial Allacation of the
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs de
9 BIRTHPLACE (State or country)	Contributory Sacondary  (Duration) yrs mos de
10 NAME OF FATHER DE MINING OF BAPTER	(Signed) Se La Alexandre M. D. 1923 (Address) Mansula
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Bettie mknie	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yis mos. ds. State yrs da. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) January Edely	Former or usual residence
(Address) Front Knisk	Hyly Blant Control 1-27. 193.
15 Filed 1- 26 1981 J. R. Hright Régistra	20 UNDERTAKER  Char, M, Ryfry Sullitar
If more blanks are needed, address State Registr	rat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fillness of various pursuits can be known. The question applies to each and every person, irrespective of should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Plonter, Statement of Occupation-Precise statement of octo report specifically the occupations of ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, er," etc., worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, household only to a paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH: Housemaid, etc. If the occupation has been changed whatever, write None. oution is very important, so that the relative health Foreman, For many occupations a single word or term on Farm lehorer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Doy N, (b) Automobile factory. The material : e engaged in the duties of the Salesman, (b) persons Grecory;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophal fever (the only definite synonym is "Epidemic cerebrosynial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

If this certificate is loked over thoroughly and all qu fions

answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is

permanently filed.

American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example:, Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasus); unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory" "PJERPERAL septicaemia," "TUBRTERAL peritonitis," etc. discases can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease Whooping approved by Committee on (Recommendations on statement of cause of earbolic acid-probably suncide. The nature of theinjury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mcre symptoms or terminal condiinterstitiol nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronicetc. volvular heart disease; Nomenclature of the The contributory Measles;

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. y classifi (if death occurred in Ward) a hospital or institution, give its NAME instead of street and properi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. pe eq WIDOWED. OR DIVORCED Write the word) (Month) ... (Day). I HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH elevil (Month) (Day) IIfLESS than 7 AGE and that death occurred on the data stated above, at The CAUSE OF DEATH \* was as follows: I day hrs. or min. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) ..... importa which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) Be EA OO 10 NAME OF hour (Address) 10% 11 BIRTHPLACE PARENTS \*State the Disease Causing Death, or, in deaths from OF FATHER MOITA CAUS Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State of death ... (State or Country) Where was disease contracted, if not at place of death?. Former or usual residence. (informant) Every I CIANS statem (Address) If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process of mine, etc. Wom-laborer, Form laborer, Loborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement whatever, write Nonc. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Solesman, (b) Grocery; man, (b) Automobile foctory. The material

Statement of Cause of Death—Name, first, the DYSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the ietapus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid—probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ....... (name origin; "Canecr") is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVED FOR BIN WRITE R. ALY, TH UNFADING INK-THIS IS A PER N. BEvery Item of Information should be carefully supplied. ACE sho CIANS should state CAUSE CF DEATH in plain terms so that it is
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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Charles.	CERTIFICATE OF DEATH
	Registration Dist. No. 100
Village or City Bel alton (No.	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an
2FULL NAME Study Now Col	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Coloned. SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 22 , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE    If LESS than	
yrs mos ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	0.0340177777101101101
business, or establishment in which employed or (employer)	(Duration)mosd
9 BIRTHPLACE (State or country) Charles Co. M.L.	Contributory Secondary  (Duration) yrs mos de
10 NAME OF	(Signed) M. D. Hayder D. F. Registran M. E
FATHER Ona Garner	Jan. 22 1981 (Address) Bel alton ml.
11 BIRTHPLACE OF FATHER (State or country) Charles County Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Margaret Collins	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Charles Country, Md.	ients or Recent Residents)  At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
, , , , ,	Former or usual residence.
(Informant) Hattie Hawkens	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Bel alton Md.	at Home near Belaeton Md. Jan 23 , 1931
Filed Jan 22 1981 M. D. Hayden. D. R. Registrar	Robert Hawkins, acting. Belalton, md
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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of theinjury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 0 (If death occurred in a hospital or institu-EXACT St.: Ward) tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED, OR DIVORCED (Write the word) (Month) .....(Day) 17 CERTIFY, That I attended the deceased from 6 DATE OF BIRTH struction (Day) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at i day hrs. The CAUSE OF DEATH > 0) or min.? OCCUPATION 99 (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) 드 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) DO 10 NAME OF ō 11 BIRTHPLACE RENTS \*State the Disease Causing Death, or, In daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. SO CAU (State or country 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-⋖ OF MOTHER 0 1 ients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER State.....yrs.....mos. krs......ds. (State or country Where was disease contracted, if not at place of death? shoi Every item CIANS sho statement Former or usual residence (Informant) (Addreas) If more blanks are needed, address State Registrar, 16 W. Sarayaga St., Balto Requesting V. S. No.

BINDING

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from er," etc., William laborer, Laborertired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servent, Cook household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The -Coal mine, etc. Wommateria. Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite discare "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on can be ascertained as the cause. causing death), 29 ds.; L. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary), The n.ture of the injury, etc. valvular heart disease; Nomenclature Always qualify all The contributory Measles; of the

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### STATE OF MARYLAND

1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UVIU OF MADY AND
PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
County	(95-6)
	Registration Dist. No.
Village or City Haulkell (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME TO TO COLOR	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  - (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
11	192 . to
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE III LESS than	and that death occurred on the date stated above, at
l day hrs.	The CAUSE OF DEATH * was as follows:
Syrs. 1 ds. or min.?	The opening of partitions are consistent.
BOCCUPATION	10, 11, 0, 0, 11 +
(a) Trade, profession or	La gante de Valor Atand
particular kind of work	Indden
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
ind,	(Duration)wrsmosds.
10 NAME OF FATHER STATES	(Signed) M. D.
11 BIRTHPLACE	2 - 1-1923 (Address) Wan 2 14
OF FATHER	*State the Disease Causing Death, or, in deaths from
(State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER Cleny mudd	ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country).	of deathyrsds. Stateyrsmosds
	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
and the sale of the sales	usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Mulliv	Charles P. A. 2-3- 193
	J. J. Municipality or J. 185

Registrar

If more branks are needed, address Etate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

AUSE OF DEATH in plain terms so that it may be properly classified. Exact FION is very important. See instructions on back of certificate.

CIANS should state statement of Occup

WRITE PLA

FOR BINDING A PERMANE

H UNFADING INK--THIS IS MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scruunt, Cook, ployed, as At school, or At home. Care should be taken er," etc., (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer () Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotic engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor At Home, and children, especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborerwithout more precise specification as Day For persons (a) the kind of work and also (b) the who have no occupation -Coal mine, etc. Womsingle word or term on not gainfully em-(6) Grocery,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar phaguonia, Bronchopneumonia ("Pneumonia");

carbolic acid-probably swicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved (Recommendations on statement of cause of lelanus may be stated under the head of "contributory." as fructure of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, peritonucum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature of the etc. The valvular heart disease; contributory

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PLACE OF DEATH County	00433 STATE OF MARY CERTIFICATE OF
1	Registration Dist. No
Village or City 9 9 (No. 2FULL NAME 9 9	St.: Ward) (If do a hos tion, stead numb
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. MOOR DIVORCED (Write the word)	urried 16 DATE OF DEATH  (Month) (Day)
6 DATE OF BIRTH  (Month) (Day)	1.975. (Year) that I last saw h alive on
or occupation or ds. or	and that death occurred on the date stated above, a the CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER	(Signed)
(Informant) Frank Remains (Address) Pasajaly Man	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 INDERTAKER  DDR
If more bianks are needed, address State	e Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) St.: Ward)

CERTIFICATE OF DEATH (Month) .....(Day) (Year) RTIFY, That I attended the deceased from . I 92 ...., 192 ...., on the date stated above, at 6 -300 m. was as follows: e Causing Death, or, in (1) Means of Injury and Iomicidal. deaths from (2) Whether ENCE (For Hospitals, Institutions, Trans-In the State.....yrs.....mos...

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state oecupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits ean be known. The ques-Statement of Occupation-Preeise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emtion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a without more precise specification as Day single word or term on As examples: (a) (b) Grocery,

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal figer (the only definite synonym is "Epidemic cerebrosylinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. ean be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1	1PLACE OF DEATH	06434
	Count Charles	(3)
Vil	2FULL NAME Still Form)	lens
	PERSONAL AND STATISTICAL PARTICULARS	MED
35	Hale Bolored Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DE
6 1	PATE OF BIRTH	17 CHEREI
7 A	GE (Month) (Day) , 173/ (Year)  (Year)   If LESS than   day hrs.   or min.?	that I last saw h and that death occ The CAUSE OF DE
S. C.	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in chich employed or (employer)	No 8th
3.4	(State or country) Mary Land	Contributory Secondary
	10 NAME OF SLOYE BERNE	(Signed) Vola
ENTS	OF FATHER (State or country)  12 MAIDEN NAME  13 MAIDEN NAME	*State the Violent Causes, Accidental, Suicids
PAR	OF MOTHER Bealizer ackson	18 LENGTH OF R
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrs Where was disease co
14	(Informant) Server Berns	Former or usual residence
	(Address) Doneaster My.	19 PLACE OF BURI

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

ems	ackes	ard) (If deat a hospit tion, giv stead number	th occurred in all or institu- e its NAME in- of street and
MEDICA	L CERTIFICA	TE OF DEAT	Н
16 DATE OF DEATH	many	21	, 193/
			(Year)
17 CHEREBY	CERTIFY That	attended the	deceased from
***************************************	192/ to		, 192,
that I last saw h	alive on		, 192,
and that death occurr	ed on the date st	ated above, at.	m,
The CAUSE OF DEATH		12:7	-
(sima	lure	Bus	u_
100	)		
Vro Jory	sician	_in a	llenda
	(Duration)	yrs	mosds.
Contributory Secondary	************************		
A 1	Ouration)	yy	n@da.
Signed Jola &	Showps	on docu	Megusto
an 21 131	/	neastin	
		agth or in	deaths from
*State the Dis Violent Causes, sta Accidental, Suicidal o	te (1) Means of Homicidal.	Injury and	(2) Whether
8 LENGTH OF RES		ospitals, Insti-	tutions, Trans-
ients or Recent Res		- sl -	
At place of deathyrsmo	osds.	n the Stateyrs	ds,
Where was disease contra if not at place of dea.h	acted,		
Former or usual residence			51111 0 7 40 40 4 6 0 0 1 5 10 0 10 0 10 0 10 0 10 0 10 0
19 PLACE OF BURIAL	OR REMOVAL	DATE	OF BURIAL
Amae ast	is mid	aan .	2.21 19.31

ADDRESS

2D UNDERTAKER

If more banks are needed, addre. & tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.

an 21

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housenuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Groccy; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosqinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pineumonia, Bronchopneumonia,"

> (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart discase; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

### should be carefully supplied. ACE should be stated EXACTLY, PHYSI-E OF DEATH In plain terms so that it may be properly classified. Exact is very important. See instructions on back of certificate. CORD BINDING PERMAN TH UNFADING INK--THIS

FOR

RESERVED

MARGIN

PLACE OF DEATH County.

(11-10

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

Village or City Dee ghero No.	
2FULL NAME Que to	ber.
PERSONAL AND STATISTICAL PARTICULARS	ME
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED. OR DIVORGEO (Write the word)	16 DATE OF DEA
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HER
7 AGE    If LESS than	and that death of The CAUSE OF D
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(\alpha
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER CLERKEEVER	(Signed) # 8
OF FATHER (State or country) Probably 12 MAIDEN NAME	*State the Violent Causes Accidental, Suic
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF ients or Recent At place of deathyrs Where was disease
(Informant) Frank Howkins	if not at place of Former or ususl residence
(Address)	Margae

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MED	CAL CEF	RTIFICATE	OF DEATH	
6 DATE OF DEAT	н	/	30	, 193
0		(Month)	(Day)	(Year)
17 I HERÉ	BY CERTIF	Y, That I a	ttended the d	eceased from
hat I last saw h				1927
and that death opt	arred on the	he date stat	ed above, at	// Am.
The CAUSE OF DE	ATH * was	as follows:		W. A. A. B. W.
Na	7	rop	ne	
				•••••••
o= 7 = 0 = = = 0 = 000 000 000 000 000 000	1	(Duration)	yrsı	mos ds.
Contributory	Tee.	del	elety 1	old agr
Secondary		(Duration)	yrs	mos de
Signed) #	-al-	7/1	lu	M. D.
1/3/ 19	M. (Addre		Engli	tellow lly
*State the Violent Causes, Accidental, Suicid	state (1)	Means of	h, or, in de Injury and (2	aths from 2) Whether

21CCIdelions,	3				
18 LENGTH	OF RESIDENCE	(For	Hospitals,	Institutions,	Trans
ients or Re	cent Residents)				
As alama			In the		

of deathyrs	ds.	Stateyı	rsds.
Where was disesse if not at place of	contracted, death?		

susl	reside	nce.		 0
_			-	_
		-		

PLAGE OF BURIAL OR REMOVAL	DATE OF BURIAL
Inspection	del 2, 31
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If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 14

Registrar

WRITE PL

Every Iten CIANS Sh statement

Filed / /3/

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation tired 6 yrs). state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospital Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept (the only definite synonym is "Epidemic cerebiopneumonia, Broncho pneumonia ("Pneumonia,

> approved by American Medical Association.) (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping ..... (name origin; "Cancer" is less definite; avoid telegrus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Committee on Chronic valvular heart etc. The contributory Nomenclature of the not be

data is essential and must be obtained before the certificate is permanently filed. this certificate is looked over thoroughly and all qu stions

3

PLACE OF BEATH
County

06436

### STATE OF MARYLAND CERTIFICATE OF DEATH

B +	Registration Dist. No. 107
Village or City Land Halles & I	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
2FULL NAME CULLUM	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH    6
6 DATE OF BIRTH May 23, 1929	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year)  7 AGE (If LESS than I day hrs. yrs. 23 ds. or min.?	and that death occurred on the date stated above, at
a OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry	from I Stuffets
business, or establishment in which employed or (employer)  9 BIRTHPLACE (Ntate or country)  10 NAME OF FATHER Bundled Johnna	(Duration) yrs. mos. ds.  Contributory Secondary  (Duration) yrs. Gmos. ds.  (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  OF MOTHER  STATE OF MOTHER  STATE OF MOTHER	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF, MY KNOWLEDGE	At place of death
(Informant) Jewist Johnson Mb (Address) Pryants Mr Mb	19 PLACE OF BURIAL OR RESOVAL DITE OF BURIAL PROPERTY SALL 17, 1931
Filed Registral Registral Registral	r, 16 W. Saratog H. Sales, inequisiting V. S. 100. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, additional line is provided for the latter statement; it en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) sary to know cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-Foreman, engineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on yrs; Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons (b) Automobile factory. The material q: the kind of work and also (b) the who have no occupation (b) The ques-Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Sevile, "etc.), "Dropey," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepeis, earbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atie), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculogis of lungs, men-American Medical Association.) approved by Examples: Accidental drowning; Struck by railway train tions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; or intercurrent) Committee on Chronic valvular heart affection need not be etc. The contributory Nomenclature Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURKAU V.

WRITE PLANLY, TH UNFADING INK--THIS IS A PERMANANT ECORD

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1 PLACE OF DEATH County Charles'	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Harbury (No.	Registration Dist. No
2FULL NAME Officia for	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 22, 193 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That (attended the deceased from 1910) to 1920, 1930 that I last saw h valive on 200, 1930
7 AGE   If LESS that   I dayhrs	s. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Orterio coliroria Depliritio
business, or establishment in which employed or (employer)	Contributory Secondary
State or country Charles Cy, Marie OF FATHER Columbus Jackson	(Signed) See C. Bickrull M.  Jan 22 1923 (Address) Markery M.
OF FATHER (State or county) larles be. Mif.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cluster Progress  13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training ients or Recent Residents)  At place of death
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Informant) Marlington DC	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PROPERTY OF THE P
Filed Jany 25 1921 Taloutherland Registrar	20 UNDERTAKER Brown Vommekeng!
If more blanks are needed, address State Registra	ar, As W. Saratoga St., Balto., Requesting V. S. No. 1.

EXAC LY BAX COK HESTINAL OF CONTRACTOR )n 33A . ei igi e ili ei 5 e bij i 71 .2 I E 2 T / I J · JA Z WYEBI W IE × 5 803

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## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) or At Home, and children, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Solesman, (b) Automobile factory. The Laborer-Coal mine, etc. not gainfully emmaterial Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroses; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed address State Registrar VI W Saratoga St., Balta. Requesting V. S. No.

Approved by U. S. Census and American Public Health Asseciation.

applies to each and every person, irrespective of age Housemaid, etc. If the occupation has been changed engaged in doniestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the bousehold only (not paid Housekiepers precise specification as Day laborer Farm laborer, Laborer "Foremar." "Manager." mobile factory. The material worked on may form part mill, (a) Salesman, (b) Govery, (a) Foreman, (b) Autoonly when needed. As examples especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, who receive a definite salary), may be entered as Houseis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement many occupations a single word or term on the is very important, so that the relative healthful-Housework, or At Home, and children, not gamfully For persons who have no occupation whatever, and the same Never return "Laborer." Locomotive engineer, (a) Spinner, (b) Collon .3 3.3 without more (int

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup CAUSING DEATH (the primary affection with respect to Tuphoid fever (never report "Typhoid Statement of Cause of Death-Name, first, the DISEASI (the only definite synonym is "Epidemic ecrebro and causation), for the same disease. paramonia. Bronchopneumonia ("Pneumonia," using always the same accepted Examples: pneumonia") Cerebrospina

> cause. on statement of cause of death approved by Committee under the head of "Contributory" surgical operation was undertaken. For violent deaths mns," "Old Age," "Shoek," "Ure min," "Weakness. hapse," "Coma," "Convulsions," "Debility ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "Heart fail cough; Chronic volenter heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) and consequences (e. sniede. The nature of the injury, as fracture of skull head-homicute; strictual, or nontribal, or as probably such, if impossible state MEANS OF INJURY and qualify as "PUBRPERAL peritonitis." birth or miscarnage as etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, chopacumonia (secondary). 10 ds. Never Example: Measles (discuss causing death), 29 ds.; Bronrent) affection need not be stated unless nephralis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" to determine definitely Examples: Accidental drowning Anaemia" Always qualify all diseases resulting from childrailway train-accident, Revolver (merely symptomatic), "Atrophy." "Coloma," "Convulsions," "Debility" ("Con-Poisoned g., sepsis, tetanus) may be stated is less definite; avoid use of 010 by "Preperat septicharmia." carbolic State cause for which (Recommendations "Atrophy." and -- probably report mere ACCIDENTAL, important. nound of

tions answered in detail, it will prevent further correspond-egge. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is hooked over thoroughly and all ques-

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state IARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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STATE	OF	MARYI	.AND-CERT	IFICATE	OF	DFATH /
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1. PLACE OF	DEATH				
CountyC	harles			Registration Dist, N	D. 104
				No.  f death occurred in a hospital or institution, give its NAME instead  ds. How long in U.S. if of foreign birth?	
2. FULL NAMI	E Still	orn Swa	nn		
	ND			St., Ward.  If nonresident give city	r or town and State
PERSONA	L AND STATIST			MEDICAL CERTIFICATE OF	
3. SEX Female  4. COLOR OR RACE Black  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			RIED, WIDOWED,	21. DATE OF DEATH  January  (Month)	
5a. If married, widowed, HUSBAND of (or) WIFE of	or divorced			22. I HEREBY CERTIFY, Tha	
6. DATE OF BIRTH (mo	nth. day, and year)	January	2, 1931	I last saw h alive on	
7. AGE Years	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm  The PRINCIPAL CAUSE OF DEATH and related causes of imperent as follows:	portanco
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spent in this					Dete of onset
				STILLBORN	
12. BIRTHPLACE (city or town) (State or country)				Dther Coutributory Causes of Importance:	
13. NAME	Nathaniel	Hawkins			
13. NAME Nathaniel Hawkins  14. BIRTHPLACE (city or town)  (State or country) Washington, D.C.				Name of operation	Date of
15. MAIDEN NAME	Gladys Swa			23. If death was due to external causes (VIOLENCE) fill in also	
16. BIRTHPLACE (city or town)				Accident, soicide, or homicide? Date of i	injury, 19
17. INFORMANT (Address)				(Specify city or town, constitution of the Specify whether injury occurred in INDUSTRY, In HDME, or in the specify whether injury occurred in INDUSTRY, In HDME, or installation of the specify city or town, constitution of the specify city of the specific city o	ounty and State) in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place				Manner of injury	
19. UNDERTAKER (Address)				24. Was disease or Injury in any way related to occupation of	
20. FILED	, 19		Registrar.	(Signed) A. Handa	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	*	Example II	
The principal cause of death and relate of importance were as follows:	d causes Date of ons	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	A 21904	Run over by street car	1 week ago
Cerebral hemorrhage	Jon July 5,18	27 Pentonitis	3 days ago
	7 3	dV f	
Other contributory causes of importance	e A Law	Other contributory causes of importance:	
Gallstones		923 Gastroenteritis	1 year
		· maga	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.	
GE shoul hat it ma ons on ba	
y supplied A in terms so t	
be carefull ATH In pla important.	
SEOF DE	
state OAU	
item of i S should ment of 0	
CIAN	

1	PLACE	OF	DEATH

County Charles

### 06433 STATE OF MARYLAND CERTIFICATE OF DEATH

			Registration Dist. No. 106
		Virginia Thema	St; Ward) (If death occurred in a liospital or institu- tion, give its NAME in- stend of street and number.)
PERSO	NAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Famale	4 COLOR OR RACE		wed Jan. 8th. (Month) (Day) (Year)
6 DATE OF BI	Sep	ot; 20 , 186	that I last saw n .c.r., alive on dall
AGE	(Month)	(Day) (You lif LESS l day	hrs. The CAUSE OF DEATH & was as follows:
D BIRTHPLACE (State or )  10 NAME (FATHE	Mary  Mary	71 and	Contributory Necondary  (Duration) yrs. mos. de
11 BIRTHI OF FAT (State 2 MAIDEN OF MOT	THER or country) Mary	land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHI OF MOT (State	PLACE THER Or country)	Tubman (Cousi	ients, or Recent Residents)  At place of death yrs mos da. State, yrs mos da.
(Informant)	Marsh	Man	Former or usual residence

(Approved by U. S. Ceasus and American Public Health Association.)

state occupation at beginning of Illness. If retired from Housemaid, etc. If the occupation has been changed tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, gaged in domestic service for wages, as Screanl, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wont-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Civil engineer. Stationary premen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia"): Lobur pneumonia, Bronchopneumonia ("Pneumonia")

Statement of Cause of Death-Name, first, the DIS-

diseases resulting from childbirth or miscarriage as "Puerperal soptionom's." "Puerperal peritonitis," etc. symptomatic), "Atrophy." "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.: Bronchopneumonia use of "Tumor" for malignant neoplasms); Meusles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." (R-commendations on state quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse train-accident: Revelver wound of head-homicide; Examples: Accidental drogening; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL SUICIDAL OF HOMICIDAL, OF taken. For VIOLENT DEATHS STATE MEANS OF INJURI State cause for whiel surgical operation was under can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhuge." "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy." "Exhaustion." "Heart failure." "Haemorstated unless important. Chronic interstitied nephritis, etc. The contributory Whooping cough; Chronic valvular heart discuse; ment of cause of death approved by Committee on vulsions." (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) Poisoned by carbal's acid-probably suicide. "Debility" ("Congenital," "Senile," etc.), Example: Measles (disease (second-

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ECEIVER FEB 5 1931 JRUAN V. 8

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD MARGIN RESERVED FOR BINDING LY, WITH UNFADING INK-THIS IS A PERMAN WRITE PL

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Clarks	CERTIFICATE OF DEATH
		Registration Dist. No. 100
Vill	age or City a Clasa (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 9	EX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
2	hale Col MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 0	OATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1994 to
7 A	GE  /2 yrs. 9 mos. /Zds. or min.	The CAUSE OF DEATH * was as follows:
PO	a) Trade, profession or articular kind of work	defeat dead ( Qualting)
	usiness, or establishment in hich employed or (employer)	(Divetion) yrs. mos. de.
-	(State or country) Olego Co-	Contributory Secondary  (Duration) yre mos 13.de.
	10 NAME OF JM 1/ / Lempour	(Signed) M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Ellen t. Cruster	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Interment) W/K Thorselson	Former or usual residence
	(Address) La Plata Ind	St. Mornas Cemelery Jan 5. 1930
15	Filed Jan 4 1980 M Stayler Registrar	20 UNDERTAKER O Befalloy I
	If more bianks are naeded, address State Registre	ar, 16 W. Saratoga St., Barto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the ," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer. For persons who have no occupation (b) Automobile factory. The materia Salesman. 6 The ques-Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railray train American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

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V. S. No. 1

PLACE OF DEATH	00441 STATE OF MARYLAND
County Marles	CERTIFICATE OF DEATH
	Registration Dist, No. / 0/
Village or City Pisquis (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Jui	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored (Write the word)  5 SINGLE, MARRIED, WIDOWCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 28, 1931 (Month) (Day) (Year)	192 . to , 192 , that I last saw h alive on , 192 ,
7 AGE	and that death occurred on the date stated above, at
Stellbrooth ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	20 physicians in
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos de.
9 BIRTHPLACE (State or country) Charles Co. Wed	Contributory Secondary  (Durstion)
10 NAME OF FATHER	(Signed). T. a. Sant Siles Lagrada M. D.
M 11 BIRTHPLACE	Junes 28. 19.1. (Address) I had being Med
OF FATHER (State or country) Unikerowan	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sessie Listale	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of death yrs mos ds. State yrs ds.
(State or Country) Character of My Knowledge	Where was disease contracted, if not at place of death?
C 11 0	Former or usual residence
(Address) Casquil Med	79 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Jan 28 1927 A Southerland	20 UN DERTAKER ADDRESS
Zeal Registrar	Julius (our rems) / sigul, his
If more bianks are needed, address State Registra	r X6 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housenmid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, (b) Automobile fuctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The n.ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Chronic etc. The contributory valvular heart disease; Nomenclature of the

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If more blanks are meeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ....

It death occurred in a hospital or Institution. give its NAME instead of street and number. ]

MEDICA	L CERTIFICATE O	FDEATH	
18 DATE OF DEATH	(Month)	(Day)	, 191 (Year
17 I HEREBY C	ERTIFY, That I atte		
	, 191, to	***************************************	, 191
that I last saw h	alive on		, 191
and that death occur	red on the date sta	ted above, a	t
The CAUSE OF DEAT			
90	31 DEC - 41 11 Au - 2 La - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	*****************************	************
Judin 7	Ex/11/the		
		*******************	
	(Burallon)	yrsme	8
Contributory		***************************************	**********
	(Duration)	YTS	15.
(Sloned) T. O hu	oner		
1- 1. a. B.	Gardine	lear	nu
1 1.195/	(Address)		
State the Discase Causes, state (1) Mr. Suicidal of Homicidal	RE CAURING DEATH, or, it is and (2)	n deaths from \ ) whether Accid	TIOLENT DENTAL,
18 LENGTH OF RESIDEN	CE (FOR HOSPITALS, IN	STITUTIONS, T	MANSIEN
18 LENGTH OF RESIDEN OR RECENT RESIDENTS	.)	STITUTIONS, T	MANSIEN
	) in the	NSTITUTIONS, T	
OR RECENT RESIDENTS Al place of deathyrs,mes Where was disease confrected,	) in the		
OR RECENT RESIDENTS Al place of death	) in the		
OR RECENT RESIDENTS Al place of deathyrs,mes Where was disease confrected,	) in the		
OR RECENT RESIDENTS Al place of death	) le ths		108
OR RECENT RESIDENTS Al place of dealh yrs mes Where was disease controcled, if not at place of dealh? Fermer or usual residence	) le ths	уга. п	108
OR RECENT RESIDENTS Al place of dealh yrs mes Where was disease controcled, if not at place of dealh? Fermer or usual residence	In the State,	уга. п	1AL

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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, write Nonc. state occupation at beginning of illness. taken to report specifically the occupations of persons employed, as Al school or Al home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the mobile factory. especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, urespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemie cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"), Typhaid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations BUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; hcad-homicide; Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite discuse can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Huemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopncumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whosping or miscarriage as The nature of the injury, as fracture of skull The contributory (seeondary or intercur-Poisoned by "PUERPERAL seplichaemia," "Dropsy," "Exhaustion, State cause for which carbolic acid-probably Never "Atrophy," report mere nound ("Con-

firth's certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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### STATE OF MARYLAND CERTIFICATE OF DEATH

· · · · · · · · · · · · · · · · · · ·	Registration Dist. No. / 05
FULL NAME Frilip genand Was	St.; Ward)  a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX   4 COLOR OR BACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That Hattended the deceased from
Month (Day), 1————————————————————————————————————	that I last sow h alive on flat Developed, 1987.
Myre	The CAUSE OF DEATH A was as follows:
OCCUPATION (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  (STATE OF COUNTRY)  12 MAIDEN NAME OF MOTHER	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	cents, or Recent Residents)  At place In the of death yrs mos da. State, yrs mos da.
(Informant) Walle Washington  (Address) Wallow Mr.	Where was disease contracted, if not at pisce of death?
Filed 1-18 193/ Dn. L. Monro	20 UNDERTAKER ADDRESS  AUGUST PARA MALLA

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causino death, gaged in domestic service for wages, as Scrvant, Cook, whatever, write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc., Womer," ctc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." ture of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or misearrlage as can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Uraemia," "Weakness," cte., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustien," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms, Measles; vulsions," (secondary or intercurrent) affection need not be inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; Chronic valvular heart disease; ...... (name orlgin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-The contributory (merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.